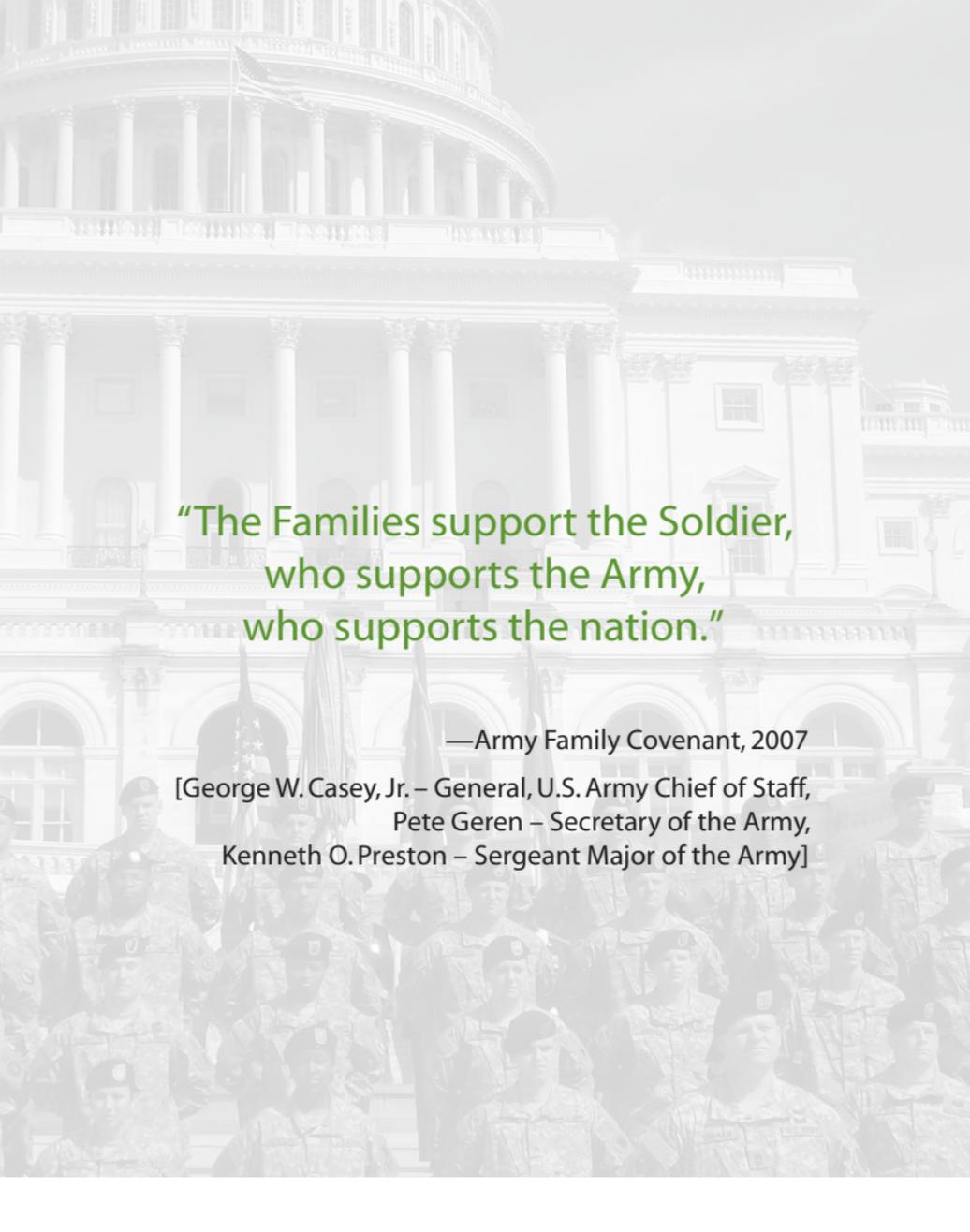


U.S. Army Family Advocacy Program

# Commander's Desk Guide





**“The Families support the Soldier,  
who supports the Army,  
who supports the nation.”**

—Army Family Covenant, 2007

[George W. Casey, Jr. – General, U.S. Army Chief of Staff,  
Pete Geren – Secretary of the Army,  
Kenneth O. Preston – Sergeant Major of the Army]

**Command, Family Advocacy, and the community** have the collective responsibility to ensure victim safety, hold offenders accountable, and provide treatment and support in incidents of child and domestic abuse. This collaboration also emphasizes the importance of preventing abuse.

The Commander's Desk Guide is designed to equip leaders with information on the leader's role and responsibilities in support of prevention and intervention of child and domestic abuse. The information in this Guide is based on The Army Family Advocacy Program, AR 608-18 (30 Oct 07), related Army guidance and military surveys and research information.

A "quick reference" list of recommendations for leaders is provided on each topic question.

2008, Edition 4

# Contents

- 6 What Are Key Strategies in the Prevention and Intervention of Child and Domestic Abuse?
- 8 What Is the Army Culture Shift About Abuse?
- 10 What Are the Programs and Services Available To Soldiers and Families?
- 13 What Can Be Expected During the Initial Crisis When a Report of Child or Domestic Abuse Has Come To the Attention of Command?
- 16 What Is the Difference Between Restricted and Unrestricted Reporting of Domestic Abuse?
- 23 How Are Incidents of Abuse Managed and Investigated as Part of the Case Review Committee (CRC)?
- 28 What Is the Team Approach and the Commander's Role in the Case Review Committee (CRC) Process?
- 31 What Are Typical CRC Recommendations That Commanders Have To Consider?

- 34 What Is the Fatality Review Committee (FRC)?
- 36 What FAP and Leadership Practices Contribute To Overall Soldier and Family Well-Being and May Impact Readiness?
- 41 Demographic Changes and Army Culture: What Do Unit Leaders Need To Know About the Culture and Changing Climate of the Army?
- 45 How Does FAP Support Command, and Assist Soldiers and Family Members in the Prevention and Early Intervention of Child and Domestic Abuse?
- 48 Important Resources

# What Are Key Strategies in the Prevention and Intervention of Child and Domestic Abuse?

- **Prevent violence through the promotion of individual and Family wellness**, through a diverse mix of programs and services
- **Provide early intervention** that can prevent the need for intensive unit support through an understanding of the risk factors of abuse
- **Respond quickly to victims' needs** and provide for on-going victim safety and support
- **Hold offenders accountable**, and ensure compliance and progress during treatment

## Focus on Safety

Everyone has the right to feel safe at all times. Protection of victim Soldiers and Family members is vital. Leaders have help with this via the Family Advocacy Program staff, Case Review Committee (CRC) and victim advocates.

## Recommendations for Leaders: Core Prevention and Intervention Strategies

[According to: AR 608-18, paras as cited]

**Attend FAP briefing** that provides regulatory guidance within 60 days of assuming command. [1-8b(1)]

**Promote Army standards and FAP mission** with Soldiers and Families with both authority and support. [1-1; 1-5; 1-6]

- ★ Family violence is incompatible with Army values
- ★ Prevention of Family violence enhances well-being
- ★ Victims will be offered immediate safety and support
- ★ Case Review Committee (CRC) and other community staff are professionally trained to intervene in abuse cases

**Schedule annual troop education briefing on FAP.** [1-8b(2)]

**Encourage Family members to attend FAP educational briefings** that are provided to the military community.

[REFER TO ARMY PUBLISHING DIRECTORATE WEB SITE FOR A COPY OF THE ARMY FAP REGULATION]

<http://www.usapa.army.mil>

Select "Search Publications" and type in AR 608-18

## What Is the Army Culture Shift About Abuse?

The Army continues to provide a prompt and effective response to victims of child and domestic abuse and holds offenders accountable for their actions. There are often competing issues for command such as:

- Encouraging voluntary reporting of abuse by the victim and ensuring Family stability (e.g., Families may need to be separated or may not choose reunion)
- Protecting victim privacy to the extent possible (e.g., victims often do not seek help because they fear that their privacy will be violated and/or that their report will affect the Soldier's career)
- Creating a climate for self-referrals for early help yet holding the offender accountable for their actions and punishing criminal behavior

Trained professionals within the Case Review Committee (CRC) help leaders with these tough decisions.

[SEE CASE REVIEW COMMITTEE, UNRESTRICTED AND RESTRICTED REPORTING OF DOMESTIC ABUSE]

## Recommendations for Leaders: Early Identification

[According to: AR 608-18, paras as cited]

### **Identify abuse as early as possible.** [1-6.d; 1-8b(4)]

Early identification of abuse may prevent further victim trauma

### **Inform Soldiers of their requirement to report suspicions of child and domestic abuse.** [3-4a]

**Report suspected child and domestic abuse** to the designated Report Point of Contact (RPOC) on the installation and provide all relevant information to those investigating the report. Check local installation protocol. RPOCs are usually law enforcement, Social Work Service (SWS) or designated FAP staff. [1-8b(4); 3-4c]

# What Are the Programs and Services Available to Soldiers and Families?

Army research has found that Soldiers and Families often know about programs and services, yet express reservations about using some support programs and services on the installation. Many also express reluctance to turn to anyone if faced with a problem. **Commanders and other unit leaders need to create a climate where Soldiers are not afraid to seek help.**

## Refer Soldiers & Families To Programs and Services Early

The Army OneSource ensures continuous and consistent support for all Active, Guard and Reserve Soldiers and Family members, regardless of service branch and geographic location.

### Key Army Community Service (ACS) Programs and Services

- Army Emergency Relief (AER)
- Army Family Action Plan (AFAP)
- Army Family Team Building (AFTB)
- Army OneSource (AOS)
- Employment Readiness Program
- Exceptional Family Member Program (EFMP)
- Financial Readiness Program
- Military OneSource
- Mobilization and Deployment Support
- Relocation Readiness Service
- Soldier and Family Assistance Center (SFAC)
- Spouse Orientation and Leadership Development Program (SOLD)

## Other Installation Services

- Army Substance Abuse Program (ASAP)
- Building Strong and Ready Families Program (BSRF)
- Child, Youth & School (CYS) Services
- Community Mental Health (CMH)
- Deployment Cycle Support (DCS)
- Health Promotion
- Victim Witness Liaison Program (with SJA)

**The National Guard and Army Reserve offer comparable information and support.**

## Transitional Compensation for Abused Dependents

[Authorized pursuant to 10 U.S.C. 1059 and DoDI 1342.24]

Financial compensation and other benefits to assist Family members when the Service member is separated from active duty as a result of a court-martial or administrative action or is sentenced to total forfeiture of all pay and allowances for a dependent-abuse offense (child or spouse abuse). Contact the installation FAPM for more information.

## Recommendations for Leaders: Programs and Services

[According to: AR 608-18, paras as cited]

**Recognize the indicators of distress during a crisis and refer Soldiers and Families to services early** before Family problems get “out of hand.” [1-5(c) 1-8b(4-9)]

**Provide the most current information about installation programs and services** to Soldiers and Families. [1-8b(2-3)]

### FAP Prevention Programs and Services

- ★ New Parent Support Program
- ★ Information and classes for all expecting parents
- ★ Home visits for parents with high needs
- ★ Parenting classes
- ★ Marriage/Relationship workshops
- ★ Stress Management classes
- ★ Anger Management classes
- ★ FAP community workshops on violence prevention

### FAP Treatment

- ★ Crisis intervention and victim advocacy
- ★ Counseling
- ★ Support groups

[CHECK LOCAL INSTALLATION PROGRAMS & SERVICES. REFER TO RESOURCES SECTION IN THIS HANDBOOK.]

## **What Can Be Expected During the Initial Crisis When a Report of Child or Domestic Abuse Has Come To the Attention of Command?**

**S**upportive leadership requires close collaboration with FAP and other POC's to help diffuse the crisis at hand. Leaders need to know what to expect when a report of child or domestic abuse is being investigated in order to facilitate expeditious intervention and treatment responses. Prompt and accurate communication with everyone involved is vital. Not knowing what to expect may jeopardize safety plans or cause miscommunication which can lead to unintentional anxiety for Soldiers and their Family members.

**Commanders and First Sergeants who know what to expect are key links to timely and safe intervention!**

### **Safety Measures Are Paramount**

The commander may not be able to determine whether or not imminent danger exists in cases of child and domestic abuse. In order to ensure safety, the commander must work collaboratively with the FAPM or victim advocate who will make sure that the parties are separated until a FAP assessment and treatment plan is completed, and the investigation by law enforcement is accomplished as appropriate.

**Commanders need to be aware of the following safety measures:**

- The requirement for written no contact orders/enforcement of orders of protection issued off the installation, and ensuring that the victim gets a copy within 24 hours of issuance
- Not interviewing the couple jointly
- Following restricted and unrestricted reporting guidance
- Not referring to the Chaplain if abuse is alleged

## Recommendations for Leaders: Initial Crisis—What To Expect

[According to: AR 608-18, paras as cited]

**Create a command climate that encourages Soldiers and their Families to ask for assistance** prior to becoming a readiness issue.

**Recognize the obvious indicators and symptoms of distress during** the crisis at hand. [1-5(c) ; 1-6(a)]

**Support and assist in implementing safety measures.**  
[1-8b(8); 3-21d]

### Expect Emergency Contact

- ★ MPs, CRC members (especially FAP staff) and victim advocates need to coordinate information and safety plans
- ★ Soldiers and Family members involved in the incident may be confused and/or overwhelmed
- ★ National Guard and Army Reserve leaders should expect contact with key Family Program representatives, local law enforcement and child protection agencies

# What Is the Difference Between Restricted and Unrestricted Reporting of Domestic Abuse?

**R**estricted and unrestricted reporting of domestic abuse is defined as follows [According to: DoDI 6400.6, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, paras as cited]:

**Restricted Reporting:** A process allowing an adult victim of domestic abuse, who is eligible to receive military medical treatment, including civilians and contractors who are eligible to receive military healthcare outside the Continental United States on a reimbursable basis, the option of reporting an incident of domestic abuse to a specified individual without initiating the investigative process or notification to the victim's or alleged offender's commander. [E2.27.] Army Policy prefers unrestricted reporting of domestic abuse.

**Unrestricted Reporting:** A process allowing a victim of domestic abuse to report an incident using current reporting channels (e.g., chain of command, law enforcement or criminal investigative organization, and Family Advocacy Program for clinical intervention). [E2.32.]

Reports of domestic abuse to the chain of command are all considered unrestricted reports.

Domestic abuse is the term now used that recently replaced the words Spouse/partner abuse. [According to Army Memorandum, Restricted Reporting Policy for Incidents of Domestic Abuse, 26 Apr 06, paras as cited]

**Domestic Abuse:** Domestic violence (1) domestic violence or (2) a pattern of behavior resulting in emotional and/or psychological abuse, economic control, and/or interference with personal liberty when such violence or abuse is directed toward a person of the opposite sex, who is a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile. [Attachment 1, Definitions]

**Domestic Violence:** An offense under the USC, the UCMJ, or state law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or the violation of a lawful order issued for the protection of a person of the opposite sex who is a current or former spouse; a person with whom the abuser shares a child in common, or a current or former intimate partner with whom the abuser shares or has shared, a common domicile. [Attachment 1, Definitions]

## **Benefits of Restricted Reporting**

- Victim receives medical treatment, advocacy, and counseling
- Provides victim personal space and time to consider options
- Victim controls release and management of his/her personal information
- Victim decides whether or not to move forward with an investigation
- Victim can elect unrestricted reporting at any time (may increase the victim's trust in the system; may encourage other victims of abuse to come forward)

## **Limitations**

- Abuser is not held accountable; may continue to be abusive
- Abuser may continue to have contact with the victim
- Victim cannot receive a Military Protective Order (MPO)
- Evidence from the crime scene could be lost and could impede the official investigation if the victim chooses to switch to an unrestricted report
- If assessment reveals high risk for future injury, a restricted report may not be granted
- If the victim discloses the abuse to someone other than the specified individuals, these actions may alert the command or law enforcement who may initiate an investigation. The report will become unrestricted.

## Exceptions To Restricted Reporting

[According to Army Memorandum, *Restricted Reporting Policy for Incidents of Domestic Abuse*, 26 Apr 08, paras as cited]

- To prevent or lessen a serious and imminent threat to the health or safety of the victim or another person, including dependent children [4.a]
- To named individuals when disclosure is authorized by the victim in writing [4.b]
- When there is reasonable belief that child abuse or neglect has occurred but there is a determination that there is no imminent threat to the health or safety of the dependent child [4.c]
- To Disability Retirement Boards, when necessary to process disability retirement determinations [4.d; 4.d(2)]
- Specified individuals may always consult their supervisor when providing victim services, to include consultation/supervision in the course of normal patient care [4.e; 4.e(1)]
- When ordered by a military or civilian court of competent jurisdiction [4.f]
- When required by Federal statute, State statute, Status of Forces Agreement (SOFA) or other international agreement [4.g]

## **Benefits of Unrestricted Reporting**

- Victim receives medical treatment, advocacy and counseling services
- The widest range of rights and protections to the victim (Military and Civilian Protective Orders) is ensured
- Commander support including separation from offender
- Full investigation enhances opportunity to hold offender accountable (crime scene, witness interviews, suspect interrogation)

## **Limitations**

- Victim cannot change to restricted reporting
- Victim may consider the investigative process intrusive
- Information about the domestic abuse incident will be in the public domain
- Requires the victim to face the offender
- Investigation and court proceedings might be lengthy
- There is never a guarantee that the offender will be convicted in either a court-martial or a civilian court

## Recommendations for Leaders: Reporting Domestic Abuse

[According to Army Memorandum, Restricted Reporting Policy for Incidents of Domestic Abuse, 26 Apr 06, para as cited]

**Understand the differences in the two types of reporting options for victims of domestic abuse.** Historically, many victims do not report domestic abuse for fear of negative career consequences for their Soldier and other personal challenges.

### Unrestricted Reporting of Domestic Abuse

- ★ Reports of domestic abuse to the chain of command are unrestricted reports
- ★ Victim advocacy services and other support services are provided
- ★ Domestic abuse is reported to the offender's chain of command, law enforcement, and Family Advocacy
- ★ Family Advocacy initiates assessment, case management and Case Review Committee contact
- ★ Law enforcement investigation commences
- ★ Medical care is provided as requested
- ★ Commander ensures safety and takes action as indicated to include separation from offender

## **Restricted Reporting of Domestic Abuse**

### **Reported to**

- ✦ Victim Advocate
- ✦ Victim Advocate Supervisor (Family Advocacy Program Manager)
- ✦ Military Healthcare Providers (including FAP clinical social workers and their supervisors)

### **Not reported to**

- ✦ Offender
- ✦ Command
- ✦ Law enforcement

The victim must elect restricted reporting in writing, using the domestic abuse Victim Reporting Preference Statement (VRPS).

[TO ENSURE CONSISTENT APPLICATION COORDINATE LOCAL PROTOCOLS]

# How Are Incidents of Abuse Managed and Investigated as Part of the Case Review Committee (CRC)?

Commanders are an integral part of the multi-disciplinary team approach that facilitates the necessary intervention to help Soldiers and Families involved in child abuse and unrestricted reports of domestic abuse. The Case Review Committee (CRC) reviews the case to determine appropriate preliminary, short-term and long-term case management and treatment recommendations. [CHECK LOCAL INSTALLATION PROCEDURES]

**The unit commander is notified about the unrestricted allegations of domestic abuse and all allegations of child abuse within 24 hours and is called upon to share pertinent information and protect victims.**

## CRC Process

- **Contact with commanders.** Social Work Service (SWS) or designated FAP treatment staff will make contact as soon as possible to review the type of abuse, alleged abuser, attitude of the abuser, degree of cooperation, duty limitations, the safety plan and continuing status of the case.
- **A safety plan is coordinated with the victim and helping parties.** Installation designees such as MP, SWS (or designated FAP treatment staff), and the victim advocate will assess the danger/lethality of the situation as soon as the violence is reported and initiate appropriate safety measures.

- **Interviewing victim(s) and offender(s).** After a report of child abuse or an unrestricted report of domestic abuse is made, MP and SWS (or appointed FAP treatment staff) coordinate interviews with Soldiers and Family members. The Commander ensures that where possible, MPs and SWS conduct the interview together to reduce potential trauma of repeated interviewing, especially in cases of victims of sexual trauma.
- **Victim Advocate provides comprehensive support to victims of domestic abuse.** Collaborates with CRC (e.g., SWS or appointed FAP treatment staff and Command) to ensure coordination of services and protection plan. Works on behalf of the victim and encourages voluntary reporting of abuse and ensures confidentiality whenever possible.
- **Clinical assessments are completed.** SWS's or designated FAP treatment staff's primary responsibility is to conduct a clinical assessment within 24 hours of receiving the report. This is conducted in collaboration with other CRC members such as physicians, pediatricians and other health professionals, Child Protective Services (CPS) and other civilian agencies that may be involved in the case.
- **Other mandatory contacts.** SWS or designated FAP treatment staff, who manage the case, usually make these contacts.

**Local Child Protective Services.** Mandatory contact is required with the local CPS for reports of child abuse.

**Army Central Registry (ACR).** This data registry is screened for previous incidents of substantiated cases of child and domestic abuse with the persons involved.

**Emergency Placement Care (EPC).** When the CRC determines a child is at risk of death or serious injury, and civilian foster care or EPC is required, placement will be accomplished, usually through CPS. For OCONUS this may be facilitated by the judicial system of the host nation having jurisdiction over the child.

**Out-of-Home DoD Sanctioned Activities.** The CRC assists in managing child abuse reports that might occur in DoD schools; Child, Youth & School (CYS) Services; and Morale, Welfare and Recreation (MWR) programs; and Family Child Care and EPC homes. A Strategy Team reports directly to the installation commander to coordinate community awareness, information and services for parents and affected program staff.

## **Recommendations for Leaders: Intervention—Managing Incidents of Abuse**

**Know the reporting and intervention process at your installation** for managing reports of child and domestic abuse from the initial report to preliminary assessment, and short and long-term recommendations. [2-4]

**Expect notification of unrestricted reports of domestic abuse and all reports of child abuse within 24 hours** by the Social Work Service (SWS) designee, after the reported allegation of abuse surfaces. Generally this is the case manager from SWS assigned to the case or designated FAP treatment staff. [3-6a; 3-26b(1-5)]

**Share pertinent information during the assessment** regarding the Soldier and Family members involved. [3-6a; 3-26b(1-5)]

**Encourage Soldiers to cooperate with the CRC process** for managing reports of abuse to the maximum extent possible from the initial report to case closure, after being advised of Article 3(b), UCMJ rights against self-incrimination. [1-8b(7)]

**Encourage Family members involved in abuse incidents to participate in assessment and treatment.** [1-8b(12)]

## Report Point of Contact

[CHECK LOCAL PROCEDURES]

- ★ Military Police (MP) and law enforcement are available 24/7

MPs will coordinate with civilian law enforcement for off post reports and with Criminal Investigation Division (CID) for investigating suspected criminal activity, as necessary

- ★ Social Work Service (SWS) or designated FAP staff

Designated Social Work Service (SWS) or FAP treatment staff ensures management of the case

National Guard and Army Reserve leaders need to check local procedures and coordinate with key Family Program contacts, Chaplains, local law enforcement and child protection agencies. Coordinate with nearby installation as appropriate.

## What Is the Team Approach and the Commander's Role in the Case Review Committee (CRC) Process?

Commanders are an integral part of the CRC process. The cultural shift in the prevention of Family violence is toward the Commander taking full responsibility for administrative and/or disciplinary action regarding his/her Soldier, and not relying on the Case Review Committee (CRC). The CRC determines the treatment plan. This team, consisting of professionals from various disciplines who have the training required to assess abusive situations, uses an integrative approach to managing reports of child and domestic abuse from the initial report to case closure. **The unit commander is expected to attend the CRC meeting** so that pertinent case information is shared and the CRC can make informed treatment decisions about Soldiers and Family members involved in child and domestic abuse in the unit.

**CCRC designee ensure prompt notification with the unit commander (within 24 hours) of unrestricted domestic abuse cases and all child abuse allegations and maintains communication throughout the process**

- The type of abuse incident
- On-going protection plan
- Ways to support the initial, short and long-term interventions
- Case determination of substantiation or unsubstantiation
- Treatment progress
- Subsequent abuse reports
- Documentation to support CRC recommendations

## Recommendations for Leaders: Case Review Committee (CRC)

[According to: AR 608-18, paras as cited]

**Understand the general functions of the CRC and key members.** [1-8b(3); 2-4]

### CRC Members

Chairperson, Chief of Social Work Service (C, SWS)

Physician

Chaplain

CID or representative designated by local USACIDC

Army Substance Abuse Program (ASAP) Clinical Director

Provost Marshal (PM) or local representative

Staff Judge Advocate (SJA) or representative

FAP Manager (FAPM)

Case Manager (Social Work Service or designated FAP

Treatment Staff) \*For OCONUS—BSB Commander

**Consultants** may be requested to attend on an individual case basis (e.g., Child, Youth & School (CYS) Services Managers, School Personnel, Victim Advocate, and Child Protective Service or Local Court representatives). Consultants are non-voting representatives on case determination.

**Participate in CRC meetings** to share pertinent case information so that the CRC can make informed treatment decisions about Soldiers and their Family members involved in child and domestic abuse in your unit. [1-8b(6); 2-3b(5)]

- ★ Meets at a minimum monthly and with sufficient frequency to coincide with initial and 90 day progress reviews. Some installations use separate teams to manage domestic and child abuse incidents
- ★ Support CRC treatment recommendations

**Remain actively involved in CRC cases** within your command.

## What Are Typical CRC Recommendations That Commanders Have To Consider?

The Case Review Committee (CRC) recommends a wide variety of options ranging from preliminary and long-term safety actions and treatment, to administrative and disciplinary actions. Commanders may initiate and coordinate measures that serve to protect individuals from harm, to prevent further discord, intimidation, or obstruction of justice, and to give consequences for failure to show progress in treatment.

**Coordination with the CRC helps to alleviate the effects on the Soldiers and the Family members so as not to create further hardship (financial strain, displacement from housing).**

### Typical Recommendations

- Protect victims through “no contact orders” and direct military personnel to refrain from contacting, harassing, or touching certain named persons; remain away from specific areas, such as home, schools, and Child, Youth & School (CYS) Services facilities and refrain from doing certain acts or activities.  
[According to AR 608-18, 3-21d]
- Permit time for the Soldier to attend any combination of educationally-based and/or clinically-based programs
- Initiate disciplinary and/or administrative actions

## **A Range of Options Is Available to Deal With Misconduct and Deficiencies in Performance**

This is not an exhaustive listing. It is important to consult with the servicing judge advocate or legal advisor before taking disciplinary and administrative actions. [According to AR 608-18, 3-22]

- Admonition/Reprimand
- Pre-trial restraint (provides time to evaluate the situation, ensure safety of victim, and take appropriate measures)
- Pre-trial confinement
- Removal from promotion list
- Recommendation for removal from government quarters or bar from installation
- Bar to re-enlistment
- Early return of Family members for the convenience of the government from OCONUS
- Curtailment of overseas tour from OCONUS

## **Accountability**

Intervention is most effective when Soldiers and Families are committed to participating in evaluation and treatment. Command's responsibility in intervention includes cooperation with the CRC process:

- Follow the guidelines provided
- Attend the CRC meetings and share information
- Respond to the CRC recommendations—taking administrative/judicial action when appropriate

## Recommendations for Leaders: Typical Case Review Committee (CRC) Recommendations

[According to: AR 608-18, paras as cited]

**Know the reporting and intervention process** for managing allegations of child and domestic abuse from the initial report to preliminary assessment, and short and long-term recommendations. [2-4]

**Support the CRC recommendations** (preliminary, short and long-term). [1-8b(9); 3-26b(5)]

**Provide written non-concurrence with recommendations.**  
[CHECK LOCAL INSTALLATION PROCEDURE] [1-8b(9); 3-26b(5)]

**Consider CRC recommendations before:**

- ★ Requiring Soldiers to receive counseling and referral assistance in mandatory treatment programs [1-8b(10)(a)]
- ★ Taking disciplinary and administrative actions [1-8b(10)(b)]
- ★ Recommending deferment or deletion from reassignment of Soldiers and/or their Family members receiving counseling [1-8b(10)(c); 3-29]
- ★ Recommending reassignment (or early termination of a duty assignment in a foreign country) when required treatment is unavailable [1-8b(10)(d)]
- ★ Initiating personnel actions to separate service members [1-8b(10)(e); 3-29]

## What Is the Fatality Review Committee (FRC)?

The Department of Army as directed by the Under Secretary of Defense, conducted the first multidisciplinary review of all domestic violence and child abuse fatalities, in 2005, based on recommendations by the Defense Task Force on Domestic Violence (DTFDV). The DTFDV states that “fatality reviews serve as a mechanism for ongoing review of domestic violence policies and case practices that may inadvertently contribute to the death of either a victim or offender with the primary objective of contributing to systemic improvements in a military community’s response to domestic violence.”

It is recommended that the clinical part of the Family Advocacy Program (FAP) be designated as the lead agency to coordinate multiple programs/services. Commanders also need to ensure that increased coordination exists among program partners, particularly in high-risk cases that demonstrate a potential for child maltreatment or domestic abuse.

## **Recommendations for Leaders: Fatality Review Committee (FRC)**

[According to: The Department of Army as directed by the Under Secretary of Defense, Department of the Army Domestic Violence and Child Abuse Fatality Review as cited]

### **Know the function of the Fatality Review Committee:**

- ★ Reports on all cases in the previous 24 months
- ★ Reviews death cases for lessons learned
- ★ Identifies trends and patterns and contributing factors
- ★ Identifies results of prevention efforts
- ★ Makes recommendation for earlier and more effective prevention
- ★ Presents an executive summary for each fatality
- ★ Makes recommendations at the installation and Army level

# What FAP and Leadership Practices Contribute To Overall Soldier and Family Well-Being and May Impact Readiness?

## Shared Responsibility for Achieving These Outcomes

- **Safety** – Reducing violence within the Army community
- **Personnel Preparedness and Self-sufficiency** – Contributing to the development of adaptable and interdependent Soldiers and Families
- **Community Cohesion** – Enhancing active social connections and participation in the community

## Preparing Soldiers and Families To Improve Quality of Life Strengthens Readiness

An important factor in the readiness equation is Soldiers' and Families' positive perceptions about the Army's organizational commitments, traditional values and lifestyles that enable them to adapt to its unique challenges. When unit leaders and FAP include Families in the planning of programs and services and market the value of using them, Soldiers and Families may be more motivated to seek assistance independently. These connections to community support and services at the earliest indication of need not only strengthen their capacity, it reduces command's involvement in "putting out fires." Less time away from duty and less distraction while on duty, and more secure Families are the positive results.

## Unit Connections Help Soldiers and Family Members:

- Develop community identity and pride
- Value community connections
- Participate meaningfully in the community (e.g., community forums, events and social gatherings)
- Act responsibly



## **Soldiers and Families Share Community Responsibility**

**S**

**Stay** informed about programs and services

**H**

**Have** positive perceptions about the Army's lifestyle, organizational commitments, and traditional values

**A**

**Achieve** a balance between work and Family

**R**

**Recognize** that seeking assistance signals strength rather than weakness

**E**

**Establish** networks within the community

**D**

**Develop** the capacity to solve problems and manage conflicts

## Recommendations for Leaders: Prevention Influences Well-Being and Readiness

[According to: AR 608-18, paras as cited]

**Build on existing strengths** within the unit such as core values and traditional military discipline and order.

**Motivate young Soldiers and their Families** to reach out and build supportive connections with unit leaders, co-workers, friends, neighbors, and community programs and services staff.

*“One of the quickest and best ways to meet people and learn about your Soldier’s unit is to be a part of the unit’s Family Readiness Group (FRG).”* —Army Family Member

**Support opportunities for Families** to attend pre-deployment, reunion and reintegration programs.

**Offer unit and community activities** that “bring Families together.”

**Anticipate potential times of crisis and focus on pre-emptive support** (Respond promptly to stress signals and take appropriate measures to prevent Family violence. [1.6])

**Promote opportunities for all Family members** to get timely and accurate information.

*“The health of our all-volunteer force, our Soldier-volunteers, our Family-volunteers, depends on the health of the Family...I can assure you that your Army leadership understands the important contribution each and every one of you makes. We need to make sure we step up and provide the support Families need so the Army Family stays healthy and ready.”*

—Army Family Covenant, 2007

*[George W. Casey, Jr. – General, U.S. Army Chief of Staff, Pete Geren – Secretary of the Army, Kenneth O. Preston – Sergeant Major of the Army]*

## **Demographic Changes and Army Culture: What Do Unit Leaders Need To Know About the Culture and Changing Climate of the Army?**

**W**hat to expect—a higher need for support with some Soldiers and Families may cause a corresponding demand on command time to help them!

Today's Army, consisting of a majority of troops with Family responsibilities will continue to provide challenges for command.

Family characteristics such as increasing numbers of younger junior enlisted with children, stepfamilies and single parent Soldiers may require more command support. In addition, parents and couples want more time for themselves and their Families, and particularly more time at home.

### **Leaders on the Front Line Are in a Unique Position To Promote a Healthy Adjustment To Army Life**

There is a strong commitment to the military lifestyle among Soldiers and Families. However, Army culture presents both opportunities and challenges that can generate stress, anxiety and uncertainty. Whether relocating overseas or to small towns or cities, experiencing separations when military members deploy, or balancing other military demands with Family life, there are many issues likely to confront the Soldier or Family member. Therefore, it becomes easy to understand why leaders need to be involved.

## **Frequent Communication Between Family Members and Command Maximizes Wellness and May Prevent Serious Problems**

Families that prepare for deployment together have a better idea of what to expect. Although many Families experience deployment stress, disorganized Families with multiple problems tend to be at higher risk for poor adjustment and are most likely to tax the resources of the unit. Deployment research indicates that when the service member returns from deployment, there may be a typical pattern of a “honeymoon” period, followed closely by a period of high conflict and personal and Family stress.

### **Key deployment stressors include:**

- Family’s perception of mission and danger (e.g., injury, death)
- Adjusting to new routines
- Financial strain
- Emotional instability
- Unrealistic expectations for meeting Family obligations or changed Family roles
- Spouse’s reaction to the sacrifices they experienced during deployment
- Spouse’s sole responsibility for childcare, parenting and managing the household

*“The key to the future of this Army is to make sure that the support to Families is as effective in meeting their needs in the same way as in supporting our Soldiers” —Army Family Covenant, 2007*

[George W. Casey, Jr. – General, U.S. Army Chief of Staff, Pete Geren – Secretary of the Army, Kenneth O. Preston – Sergeant Major of the Army]

## Recommendations for Leaders: Changing Army Culture: Key Stressors

[According to: AR 608-18, paras as cited]

**Refer Soldiers and Families** to programs and services:

- ★ Young enlisted Families
- ★ New parents/first time pregnancy
- ★ Single parents
- ★ Dual military couples
- ★ Newly married
- ★ Deployed Families (especially multiple deployments)
- ★ Families facing a first deployment
- ★ Families without a unit affiliation or National Guard and Reserve Families
- ★ Soldiers with exceptional Family members
- ★ Families with multiple young children
- ★ Families with foreign born Spouses
- ★ Recently moved Families

**Support the balance of work and Family time** to the extent compatible with mission readiness.

**Promote the use of community connections** with the unit, neighbors, friends and Family.

**Prepare Family members to mobilize resources during the deployment support cycle** from beginning to end.

**Provide services for Soldiers and Family members on either scheduled or early returns from deployment** if there are Family problems that arise while the Soldier is away or if there is an active abuse case.



# How Does FAP Support Command, and Assist Soldiers and Family Members in the Prevention and Early Intervention of Child and Domestic Abuse?

Command's/leadership's role needs to be proactive and supportive of FAP at the highest levels!

## Community Partnerships—Integrated Services

FAP's mission is to partner with Command and the community for the prevention of child and domestic abuse and ensure that programs and services for Soldiers and Family members are

- **Driven by victim safety**
- **Supported by command**
- **Based on assets** – strengthening life skills
- **Accountability-focused** – offender and system accountability
- **Informed by local community needs assessment**
- **Tailored to each Family's unique needs** – flexible, professional staff

## Build Community Readiness by Strengthening Teamwork



Together Unit leaders, FAP, Soldiers, and Family members build the capacity of the community to help Soldiers and Families reach Army expectations and prevent violence.

When unit leaders offer genuine assistance and encourage early links to programs and services, they help sustain readiness and reduce stress on Soldiers and Family members under their command. Healthy Soldiers and Family members have many unit connections, and other relationships that are sufficiently positive to help the Family sustain a stable and safe environment.

*"Investments in these approaches make sense for morale, efficiency, continuity and bottom-line strength."*

— A New Social Compact: A Reciprocal Partnership Between The Department of Defense, Service Members and Families, 2002

## Recommendations for Leaders: Family Advocacy & Command Partnership

[According to: AR 608-18, paras as cited]

**Promote Army standards and FAP mission** with Soldiers and Family members with both authority and support. [1-1; 1-5; 1-6]

- ★ Family violence is incompatible with Army values
- ★ Prevention of Family violence sustains well-being
- ★ Victims will be offered immediate safety and support
- ★ CRC and other community staff are professionally trained to intervene in abuse cases
- ★ Early identification of abuse may prevent further victim trauma

**Stress the importance of personal and Family well-being** and the links to unit readiness.

**Provide the most current information** about Army and community programs and services to Soldiers and Families.

**Market unit and community activities** that “bring Family members together.”

**Support opportunities for Soldiers to attend community** activities and Family related educational activities and events.

**Model an open-door policy.**

**Foster a climate in the unit that shows a commitment to Soldiers and their Family members.**

## Important Resources

*“We will continue to add resources. We will learn as we go, too. We will learn what type of programs best meet the needs of the Families under different circumstances. If it’s more of a need to support child care, than that’s the area we will emphasize. If we need to provide support for education or more spousal job opportunities – these can be just as important – we will emphasize them. It’s going to be driven by each Family and what the needs are.”* —Army Family Covenant, 2007

[George W. Casey, Jr. – General, U.S. Army Chief of Staff, Pete Geren – Secretary of the Army, Kenneth O. Preston – Sergeant Major of the Army]

### **MyArmyLifeToo** – [www.myarmylifetoo.com](http://www.myarmylifetoo.com)

An official Army web site of choice for Army Families in their journey through Army life—assists all Army Family members and Soldiers with up-to-date information about programs and services, and serves as a “one-stop knowledge center.”

### **Army Community Service** – [www.myarmylifetoo.com](http://www.myarmylifetoo.com)

Army Community Service is a clearinghouse of support programs. The programs offered are intended to provide services, education, and information to assist the military, retiree, DA civilian, and Family member population.

### **Army National Guard Family Resources** – [www.guardfamily.org](http://www.guardfamily.org)

This web site provides information, services and support to National Guard Soldiers and their Families worldwide. Phone numbers, links to support agencies and interactive support are available 24/7.

**Army Reserve Family Programs** – [www.arfp.org](http://www.arfp.org)

The ARFP web site is a one-stop portal to get connected with Army Reserve Family support information and resources. Phone numbers, links to support agencies and interactive support are available 24/7.

**Army Family Team Building** – [www.armyfamilyteambuilding.org](http://www.armyfamilyteambuilding.org)

This web site is available for Soldiers and Family members to take classes on-line, gather information and enhance participation in Army programs.

**Army Publishing Directorate** – [www.apd.army.mil](http://www.apd.army.mil)

This web site is available for Soldiers to find, download and print regulations, field manuals and forms in html or PDF format.

**American Red Cross** – [www.redcross.org](http://www.redcross.org)

This web site provides information and interactive support in communication with and use of the American Red Cross. Phone numbers, links and online support are available 24/7.

**Behavioral Health** – [www.behavioralhealth.army.mil](http://www.behavioralhealth.army.mil)

This web site provides information and support to Soldiers and Family members that may experience mental health issues.

**Company Command** – [www.companycommand.army.mil](http://www.companycommand.army.mil)

This web site is a web based community that company commanders can visit to gather advice, chat, or pass along good advice to one another.

**Deployment Connections** – [www.deploymentconnections.org](http://www.deploymentconnections.org)

This DoD portal provides links and information on the various forms of support and services to Soldiers and Family members. It provides information on all aspects of deployment. Interactive support and services are available 24/7.

**DoD Military Home Front** – [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)

This web site is oriented towards the Families of deployed or soon to be deployed Soldiers. Links and portals are provided for support and services.

**Judge Adjutant Corps** – [www.jagcnet.army.mil](http://www.jagcnet.army.mil)

This portal provides information about legal support for Soldiers and Family members.

**Military OneSource** – [militaryonesource.com](http://militaryonesource.com)

This DoD portal offers a toll free telephone number (1-800-342-9647, stateside and CONUS) and web site with 24/7 capability for confidential counseling, to either speak or email a master level consultant, at no cost.

**Military Spouse Career Center** – [www.military.com/spouse](http://www.military.com/spouse)

This web site provides information, links and phone numbers in a wide range of areas oriented towards spouses. Subject areas include deployment support, personal finances, child care, adult education and many more.

## **Soldier and Family Assistance Center (SFAC)**

– [myarmylifetoo.com](http://myarmylifetoo.com)

This Center provides multiple Family services and connections for wounded Soldiers, Family members, and DA civilians who are near an SFAC. A virtual SFAC (vSFAC) is a web-based system of information and support that is available as well, and especially helpful for Soldiers and Family members who do not live near services.

## **Tricare Online** – [www.tricare.mil](http://www.tricare.mil)

This web site is a one stop shop for information, support and services that Soldiers and Family members can use. Specialists and medical treatment facilities can be found regardless of the Soldier location or Tricare enrollment option. Links, phone numbers and interactive support are available.

## **US Army Europe & 7th Army** – [www.hqusareur.army.mil](http://www.hqusareur.army.mil)

This portal is a gateway for Soldiers and Family members stationed overseas that allows easy access to support and services Army wide.

## **U.S. Department of Veteran Affairs** – [www.va.gov](http://www.va.gov)

This web site operates a system of 232 community based counseling centers providing readjustment counseling & outreach services to all veterans, and their Family members for military related issues. Information toll free at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific).

*Important Resources*

**Virtual Family Readiness Group** – [www.armyfrg.org](http://www.armyfrg.org)

The vFRG links deployed Soldiers, Family members, FRG leaders, unit commanders, rear detachments, and other Family readiness personnel to information and support.

## **Acknowledgments**

This material was developed for the United States Army Family and Morale, Welfare and Recreation Command (FMWRC), and Army Family Advocacy Program, by staff of the Family Life Development Center (FLDC), Cornell University, Ithaca, New York. This material is based upon AR 608-18, The Army Family Advocacy Program (30 October 2007) prepared under cooperative agreement #2006-48654-03703, between the U.S. Department of Agriculture, Cooperative State Research, Education Extension Service (CSREES) and Cornell University, FLDC.

### **United States Department of Army, U.S. Army Family and Morale, Welfare and Recreation Command (FMWRC)**

Delores F. Johnson, LMSW-ACP, Director, Family Programs

LT COL Ben L. Clark, Sr, PhD, LCSW-BDC, Family Advocacy  
Program Manager

### **Cornell University Family Life Development Center**

John Eckenrode, PhD, Director

Marney Thomas, PhD, Military Project Director

Cindy Enroth, MSW, Project Manager

MSG Casey McFall, Consultant writer

Design: Wells Communications, Ithaca, NY

**THIS MATERIAL WAS REVIEWED AND EDITED BY FMWRC AND  
MAY BE REPRODUCED FOR FAP USE.**

U.S. Army Family Advocacy Program: Commander's Desk Guide, 2008, Edition 4



ARMY COMMUNITY SERVICE  
**ACS**  
Real-Life Solutions for Successful Army Living